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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☒ Declaration  
submitted  
with Initial  
Filing☐ Declaration  
Submitted after Initial  
Filing (surcharge  
37 CFR 1.16 (e))  
required)**Attorney Docket Number**

PC10015AJTJ

**First Named Inventor**

Murray C. Maytom

**COMPLETE IF KNOWN****Application Number**

09/248,438

**Filing Date**

February 11, 1999

**Group Art Unit**

1614

**Examiner Name**

To Be Assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

☒ I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Treating Impotence Due to Spinal Cord Injury

(Title of the Invention)

the specification of which  
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) February 11, 1999 as United States Application Number

Application Number 09/248,438

☒ I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.☒ I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/075,580	2-23-98	

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**DECLARATION ---- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith:

☐ Customer Number  
or

Place Customer  
Number Bar Code  
Label here

☒ Registered practitioner(s) name/registration number listed below →

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Raymond W. Augustin	28,588
Allen J. Spiegel	25,749	Paul H. Ginsburg	28,718
Aaron Passman	26,783	Mark Dryer	28,775
J. Trevor Lumb	28,567	Elizabeth O. Slade	29,011
James T. Jones	30,561	Lawrence C. Akers	28,587
Gregg C. Benson	30,997	John L. LaPierre	29,185
Robert F. Sheyka	31,304	A. Dean Olson	31,185
Grover F. Fuller Jr.	31,760	Howard R. Jaeger	31,376
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Martha A. Gammill	31,820	Kristina L. Konstas	37,864
Kenneth B. Rubin	36,259	Gregory P. Raymer	36,647

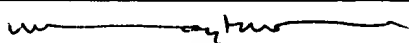
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Murray C.				Maytom			
Inventor's Signature						Date	4/26/99
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City	New York	State	New York	Zip	10017-5755	Country	USA

☒ Additional inventors are being named on the x a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet*M. Osterloh*

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ian H.				Osterloh			
Inventor's Signature	<i>M. Osterloh</i>					Date	3 May 99
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Post Office Address	Pfizer Limited						
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
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City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	